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CALIFORNIA STATE BOARD OF HEALTH

Weekly



Bulletin

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GUY P. JONES
EDITOR

18,000 Vaccinations
In San Joaquin County.

The Stockton *Record* has published the following concerning the control of smallpox in San Joaquin County.

With almost complete convalescence of three patients attacked with smallpox during the last half of May, and with no new centers of infection, the situation in San Joaquin County is regarded by Dr. John J. Sippy, District Health Officer, as exceedingly satisfactory and he looks for no other cases to occur for some time. "Altogether, 26 cases occurred during April and May," says Dr. Sippy. "Of these 16 proved highly virulent and four died. A fatality rate of 25 per cent is unusual and indicates that we had real reason for uneasiness had the disease gained headway. It is not our policy to cause unnecessary alarm but we feel it a duty to keep the community press and the public informed on all situations where public safety is involved. We endeavored to do so during the late situation, believing that a full statement of facts was far preferable to wild rumors which often do a community great injustice and harm. The fact that in addition to a population already 50 to 60 per cent immune over eighteen thousand people sought and received protection against smallpox by vaccination during April and May, causes us to believe that smallpox will be comparatively a rare infection in San Joaquin County for the next several years."

Berkeley Wants
"Sunshine School."

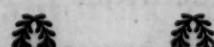
Dr. W. P. Shepard, health officer of Berkeley, is actively engaged in promoting a "Sunshine School" for undernourished and retarded children. Writing in the Berkeley *Courier* the Cynic, in his column, says, under the caption "Health Officer Is Playing Both Ends":

"Dr. W. P. Shepard seems to have both sides of the school faction for his 'Sunshine School.' The majority and minority are doing their best to put it over big in Berkeley for the tall and slender health officer.

And that is as it should be when an idea so fair and humane is presented and stands the search that has been given Dr. Shepard's proposals.

If there comes a shortage of money to put the experimental months over, may The Cynic suggest that the City Hall has a few thousand dollars buried that pressure could pry loose; if the school department and the health department were to respectfully petition.

Let the good work go on! Preventive measures and assistance where needed for children of the lower school grades means future men and women able to give to Berkeley rather than lean on its generosity."



It is tremendously important that we approach the problem of child training with caution and interest, as well as intelligence. Neurotics and criminals, to a very great extent, are the products of their childhood environment.—Douglas A. Thom, M.D.

How To Revive The Apparently Drowned.

A growing number of persons, every summer, lose their lives through drowning. Many of the apparently drowned could be resuscitated by application, promptly and thoroughly, of the Schaefer or prone pressure method of resuscitation. Comparatively few people know of this simple and easily applied method. It requires practically no exertion, as the weight of the operator's body produces the desired effect, and the swinging forward and backward of the body some thirteen times to the minute, for as long a period as required, is not fatiguing and can be accomplished by one person.

Following are the rules for application of the Schaefer method. Every vacationist at a water resort should memorize these rules:

Rule No. 1.—Lose no time in recovering the body from the water. Always try to restore life, for while ten minutes under water is usually the limit, yet persons have been resuscitated after having been under water for as long as thirty or forty minutes.

Begin operations immediately after the body has been taken out of the water. Do not lose any time in removing to a sheltered place, but operate on the brink of the water, immediately.

Rule No. 2.—Lay the person face downward, with the stomach resting on a roll of clothing or a small log with your own coat or some garment placed over it so that the head will be a little lower than the rest of the body, and so that the water will run out from the throat and stomach as well as any that may possibly have gained access to the lungs. Wipe dry the mouth and nostrils. Wrap the corner of a handkerchief about the forefinger and clear the mouth of all mucus and slimy substance, right back as far as can be reached. Rip open the clothing on the chest and keep the face exposed to the air by turning a little to the side. Separate the jaws and keep them apart with a cork or a knot tied in a handkerchief, or some other piece of clothing, or a piece of stick with a cloth around it. All this should be discharged within a few seconds.

Rule No. 3—Remove the roll of clothing, or whatever else may have been used, from under the stomach, and kneel at the side or astride the patient's hips. Place your hands over the lower ribs.

Lean forward and let your weight come down directly over the lower ribs. Exert this pressure for three seconds. To count three seconds say, "One thousand and one, one thousand and two, one thousand and three."

Rule No. 4.—Do not remove the hands from the ribs, but release the pressure from the ribs for two seconds by merely sitting back on your heels. To count two seconds, as in counting the three seconds, count, "One thousand and one, one thousand and two."

Rule No. 5.—Again exert pressure straight over the lowest rib for three seconds as described in Rule 3, and then again release pressure for two seconds as described in Rule 4.

Alternate this three-second pressure and two-second pressure about twelve times to the minute until natural breathing is restored.

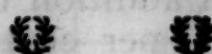
It must be apparent that this method of resuscitation at once expels the water and produces the identical results of normal breathing.

Rule No. 6.—If another person is present to assist, let him do everything possible. Camphor or ammonia may be applied to the nostrils, but in the event of using ammonia it is well to test it at a reasonable distance from your own nose so as to serve as a guide as to the distance to hold it from the patient.

Rule No. 7.—*Do not give up too soon.* This is extremely important, inasmuch as it is not always appreciated. Any time within two hours, or even three or four hours, you may be on the point of reviving the patient without there being any previous sign of it.

Send for a physician as soon as possible after the accident. Prevent friends from crowding around the patient and thereby excluding the fresh air.

As soon as natural breathing is restored, remove the patient to a warm bed, where there is a free circulation of air; administer in small doses, stimulants such as hot coffee or hot milk, as soon as the patient can swallow. There is great danger that the patient may contract congestion of the lungs and every precaution should be taken therefore to prevent such a complication.



Mono County Has New Health Officer.

Dr. Gilbert A. Kelley of Bridgeport has been appointed Health Officer of Mono County.

Milk Utensils**Need Sterilization.**

The Bureau of Dairying of the United States Department of Agriculture has issued a news letter from which an extract is printed herewith. It is important, at all times, that such utensils be kept clean and it is of special importance during the summer months when the lives of thousands of infants are dependent upon the provision of cool clean milk. The news letter reads as follows:

"The proper cleansing of dairy utensils is not only one of the most important steps in milk sanitation, but also one most often neglected or improperly done.

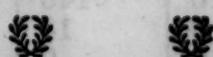
Experiments by numerous investigators have shown conclusively that unsterilized utensils are usually the greatest source of bacteria in fresh milk. The problem is made more acute by the fact that a pail or can may appear clean and yet it may harbor sufficient organisms to increase greatly the bacteria count of milk which is put into it.

Many inspectors have experienced considerable difficulty in convincing dairymen that their utensils are a source of contamination. The housewife especially feels aggrieved if her shiny utensils are called into question.

A frequent reply to the question, 'How do you sterilize your milk utensils?' is, 'Oh, we scald them every day.' Scalding is a rather vague term as applied to the process of sterilizing dairy equipment. A very common practice is to start with a pail or kettle of boiling water which is poured from utensil to utensil until it is finally little more than lukewarm. Such a method will not sterilize utensils.

There are three important steps in cleansing milk utensils: First, thorough washing; second, sterilization; and third, drying and protection.

In order to put this subject before dairymen in a practical manner, the department has issued Farmers' Bulletin No. 1473. Dairy inspectors will find this publication a useful aid to farmers in building economical and efficient sterilizers and in explaining methods for their operation."



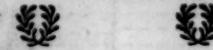
There is no logical reason why visiting nurse service should not be supplied, as hospital service is often now supplied, by municipal authorities and on either a free or a pay basis.—C. E. A. Winslow.

Safeguard Infants'**Health In Summer.**

Dr. John J. Sippy, health officer of the San Joaquin County District, has issued a news story to the papers of his territory relative to the need for taking special precautions in protecting the health of infants during the summer months. It reads, in part, as follows:

"The infant death rate for the county per thousand live births from January to May, inclusive, was 54.3. The corresponding rate in 1925 was 61.7. Mothers are to be reminded, however, that summer is upon us and that if babies are not protected from heat and given every consideration in feeding, care and hygiene, a number of infants may be sacrificed to neglect. Baby deserves the coolest place in the house, removal of useless hot clothes and coverings, one or more sponge baths during the heated part of the day, and plenty of cold boiled water between feedings. Excess of fats and sugar in the diet predispose intestinal fermentation and diarrhoea, so unless full amounts of these are indicated on the physician's advice, they should be reduced. If diarrhoea or vomiting occur stop all food, give nothing but water in plentiful amounts and send for a physician."

"Mothers are also reminded that on every Thursday afternoon there is held at the Stockton Health Center at 129 S. American Street, a well baby conference, where babies may be brought for weighing, measuring and general inspection and where mothers may receive general advice on how to keep baby well."

**New Full-Time
Health Units Formed.**

Full-time county health units were organized last week in both Yolo and Riverside counties. The city of Woodland has entered into an agreement with Yolo County, by which the county will take over the work of public health administration in that city. In Riverside County, the full-time health unit will have to do only with unincorporated territory. It is understood that both of these counties will exceed the minimum requirements in the matter of appropriations, organization and personnel. The following California counties now enjoy the benefits derived from full-time public health administration: San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Monterey, San Joaquin, Yolo and Riverside.

MORBIDITY.***Diphtheria.**

95 cases of diphtheria have been reported as follows: Berkeley 4, Oakland 9, Colusa 1, Pittsburg 3, Los Angeles County 11, Huntington Park 2, Los Angeles 30, Signal Hill 1, Orange 1, Santa Ana 1, Riverside 1, Sacramento 1, San Diego County 1, San Diego 6, San Francisco 12, San Joaquin County 1, Santa Barbara County 1, Santa Clara County 2, Gilroy 2, Santa Clara 2, Santa Cruz 1, Stanislaus County 1, Tuolumne County 1.

Measles.

502 cases of measles have been reported as follows: Alameda 7, Berkeley 28, Oakland 189, Colusa 2, Fresno County 2, Fresno 16, Bakersfield 1, Los Angeles County 6, Alhambra 4, Huntington Park 2, Long Beach 35, Los Angeles 3, Pasadena 12, San Gabriel 2, Signal Hill 4, Maywood 4, Chowchilla 1, Merced 1, Napa 1, Grass Valley 1, Fullerton 1, Sacramento 1, San Diego County 1, San Diego 13, San Francisco 144, San Joaquin County 1, Stockton 8, San Luis Obispo County 1, Santa Clara County 1, Gilroy 1, San Jose 2, Ventura County 7.

Scarlet Fever.

135 cases of scarlet fever have been reported as follows: Alameda 5, Berkeley 3, Oakland 4, San Leandro 1, Butte County 6, Chico 1, Fresno County 3, Eureka 1, Kern County 3, Los Angeles County 1, Alhambra 2, Arcadia 2, Burbank 1, Glendora 1, Hermosa Beach 2, Long Beach 3, Los Angeles 37, Pasadena 1,

*From reports received on June 14th and 15th for week ending June 12th.

Pomona 3, West Covina 1, Monterey County 1, Orange County 4, Anaheim 1, Fullerton 1, Santa Ana 1, Upland 1, San Diego County 1, San Diego 8, San Francisco 17, San Joaquin County 2, Stockton 2, Santa Clara County 1, Gilroy 1, Mountain View 1, Solano County 1, Vacaville 1, Stanislaus County 3, Yuba City 3, Tulare County 2, Marysville 2.

Smallpox.

22 cases of smallpox have been reported as follows: Oakland 6, Long Beach 1, Los Angeles 9, Sacramento 1, San Joaquin County 1, Solano County 2, Benicia 1, Marysville 1.

Typhoid Fever.

10 cases of typhoid fever have been reported as follows: Berkeley 1, Los Angeles County 1, Huntington Park 1, Los Angeles 1, Orange County 1, San Francisco 1, San Joaquin County 1, Ventura County 1, California 2.

Whooping Cough.

67 cases of whooping cough have been reported as follows: Alameda 4, Berkeley 3, Oakland 22, Los Angeles County 8, Long Beach 11, Los Angeles 4, Merced 1, San Diego 4, San Francisco 7, Daly City 1, San Jose 1, Watsonville 1.

Meningitis, Epidemic.

2 cases of epidemic meningitis have been reported as follows: Los Angeles 1, Stanislaus County 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported as follows: Pasadena 1, Santa Barbara County 1.

COMMUNICABLE DISEASE REPORT.

	1925-1926				1924-1925			
	Week ending			Reports for week ending June 12 received by June 15	Week ending			Reports for week ending June 13 received by June 16
	May 22	May 29	June 5		May 23	May 30	June 6	
Anthrax-----	1	0	1	0	0	0	1	0
Chickenpox-----	216	256	188	213	280	210	195	180
Diphtheria-----	126	109	91	95	102	97	99	91
Dysentery, Bacillary-----	1	1	0	0	0	4	3	1
Encephalitis, Epidemic-----	3	4	0	0	1	1	5	2
Gonococcus Infection-----	168	151	89	73	159	120	102	92
Influenza-----	10	21	20	13	38	22	21	13
Jaundice, Epidemic-----	0	0	0	4	0	0	0	0
Leprosy-----	1	0	0	0	1	1	1	0
Malaria-----	5	0	0	2	0	1	0	1
Measles-----	509	574	494	502	76	79	85	62
Meningitis, Epidemic-----	6	4	2	2	3	6	2	2
Mumps-----	311	314	275	229	326	285	280	243
Paratyphoid Fever-----	0	0	0	0	0	0	1	0
Pneumonia, Lobar-----	36	33	53	29	79	44	62	46
Poliomyelitis-----	2	6	7	2	8	14	19	16
Rabies (animal)-----	9	6	3	12	10	3	13	0
Rocky Mt. Spotted Fever-----	0	1	0	0	0	0	0	0
Scarlet Fever-----	146	148	111	135	117	112	123	95
Smallpox-----	46	19	45	22	111	130	120	88
Syphilis-----	140	132	119	103	135	152	241	139
Tetanus-----	1	2	3	1	1	1	5	0
Trachoma-----	3	2	1	3	24	11	4	0
Trichinosis-----	0	0	1	0	2	0	0	0
Tuberculosis (all forms)-----	244	192	234	164	210	146	195	149
Typhoid Fever-----	25	17	22	10	10	18	17	12
Typhus Fever-----	0	0	0	0	0	0	0	0
Whooping Cough-----	88	76	76	67	410	358	362	382
Totals-----	2,097	2,068	1,835	1,681	2,103	1,815	1,956	1,614